Application Data Sheet

Application Information

Application Type::   Regular

Subject Matter::   Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::   None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::   METHOD OF TREATING OR INHIBITING
                                          THE DEVELOPMENT OF BRAIN
                                          INFLAMMATION AND SEPSIS

Attorney Docket Number::   NOZAKI=8.1A

Request for Early Publication?::   No

Request for Non-Publication?::   No

Suggested Drawing Figure::

Total Drawing Sheets::   6

Small Entity?::   Yes

Latin Name::

Variety Denomination Name::

Petition Included::   No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::   No

Applicant Information

Applicant Authority Type::   Inventor

Primary Citizenship Country::   Japanese

Status::   Full Capacity

Given Name::   Masako

Middle Name::

Family Name::   NOZAKI

Name Suffix::

City of Residence::   Sapporo-shi

State or Province of Residence::

Country of Residence::   Japan

Street of Mailing Address::   4-1-40, Kitanosawa, Minami-Ku, Sapporo-
                                              shi

City of Mailing Address::   Sapporo-shi

State or Province of Mailing Address::   Hokkaido

Country of Mailing Address::   Japan

Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer Number::   001444

Representative Information

Representative Customer Number::   001444

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Appln claiming benefit under 35 USC 119(e)	60/429,558	11-29-02
This Application	Appln claiming benefit of 35 USC 119(e)	60/496,677	08-21-03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	142759	05-20-03	Yes

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Initial 11/26/2003